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FEC FORM 3

REPORT OF RECEIPTS SECRETARY OF THE SENATE

	SBURSE Authorized Con	- 170	117 PM 3: 3	ce Use Only
NAME OF TYPE OR PRINCOMMITTEE (in full)		xample: If typing, type ver the lines.	12FE4M5	
BOB MARSHALL FOR SENATE,	INC.		<u> </u>	<u> </u>
	11111			1 1 1 1 1
ADDRESS (number and street)	W POND COURT			
Check if different than previously reported. (ACC) MANASSAS			VA 2011	1
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		STATE A	ZIP CODE
C C00511956	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)	(b) 12-Day PRI	E-Election Report for the: Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	Election on	MMM / DWD	/ V V V V V	in the
January 31 Year-End Report (YE)		ST-Election Report for the	D:	State of Baselined
Termination Report (TER)	Election on	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period 07 01	2014	through 09	M / D D / Y S	2014
I certify that I have examined this Report and to Type or Print Name of Treasurer Mary Rose L		nowledge and belief it is	true, correct and con	nplete.
Signature of Treasurer Mary Rose L Mary Rose Lalli NOTE: Submission of false, erroneous, or incomple	May Ros		Date	74 ZŏſΨ
Office Use Only		Suppose the person signing	F	EC FORM 3 Revised 02/2003)